

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/889349</div>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		2				TOTAL IND.						
TOTAL DEP.		1		1			TOTAL DEP.						
TOTAL CLAIMS		2		2			TOTAL CLAIMS						